

## Division of Laboratory Services 630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/health/health-program-areas/lab.html

## **Disease/Agent Suspected or Test Requested:**

## Clostridium botulinum - Culture Isolates/Wound Cultures

Provider Requirements	<ul> <li>Isolate submission REQUIRED.</li> <li>Contact <u>CEDEP</u> prior to submission</li> </ul>
Acceptable Specimen Sources/Type(s) for Submission	Culture Isolate     Wound Culture
TDH Requisition Form Number	PH-4263
Media Requirements	Anaerobic transport system
Special Instructions	
Shipping Instructions	DO NOT SEND ON COLD PACKS OR DRY ICE
Laboratory Section Performing Testing	Bioterrorism
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).